



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>O. H. Metals</b>				Location <b>1002 Oswego ST</b>		Date <b>3/19/87</b>													
Facility Equipment <b>1</b>	Detect Clock <b>1</b>	Weapon No. <b>—</b>	Holster <b>—</b>	Nightstick <b>—</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>3 Keys, Log Book &amp; Phone</b>														
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Otc Del Vecchio</b>			Officer—Swing Shift (Name) <b>Otc R. Dealing</b>			Officer—Grave Shift (Name) <b>Dick Kokoszki</b>												
Shift			Shift			Shift			Shift												
Began <b>8:00 AM-PM</b>			Ended <b>4:00 AM-PM</b>			Began <b>4:00 AM-PM</b>			Ended <b>12:00 AM-PM</b>												
Observations or actions taken			Explanation			Explanation			Explanation												
Rounds or stations missed			✓			✓ Keys 1 & 3 see Below			✓												
Unlocked doors, gates or windows			✓			✓			✓												
Unlocked vaults or safes			✓			✓			✓												
Fire-smoke-or hazards			✓			✓			✓												
1. Extinguishers missing or defective			✓			✓			✓												
2. Sprinkler system defective			✓			✓			✓												
3. Fire doors or exits blocked			✓			✓			✓												
4. Rubbish accumulation			✓			✓			✓												
5. Motors running			✓			✓			✓												
6. Lights left burning			✓			✓ AS needed			✓												
Injury hazards			✓			✓			✓												
Visitors			✓			✓			✓												
Trespassing			✓			✓			✓												
Violation of company rules			✓			✓			✓												
Remarks <b>Del Vecchio Did not leave keys. Told to hit keys in sight of gate (RD)</b> <b>1720 Told keys on the way. 1730 keys Arrived (RD)</b>																					
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																					
1. Were you injured during this tour?		Day Shift 1.		2.		3.		Swing Shift 1.		2.		3.		Grave Shift 1.		2.		3.			
Yes		No		Yes		No		Yes		No		Yes		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1.		2.		3.		1.		2.		3.		1.		2.		3.			
		<b>Otc Del Vecchio</b>						<b>R. Dealing</b>						<b>Dick Kokoszki</b>							
Signatures		2.		3.				2.		3.				2.		3.					
Signatures		3.						3.						3.							

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